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## BIB DATA SHEET

CONFIRMATION NO. 6583

<b>SERIAL NUMBER</b> 10/751,744	<b>FILING or 371(c) DATE</b> 01/05/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> AE300US1		
<b>APPLICANTS</b> Mark A. Schenerman, Reisterstown, MD; Jose Casas-Finet, Gaithersburg, MD; Jinhua Feng, North Potomac, MD; Guillermo Tous, Gaithersburg, MD; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/438,162 01/06/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/22/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROBERT A ZEMAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MEDIMMUNE, LLC Jonathan Klein-Evans ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 UNITED STATES						
<b>TITLE</b> Stabilized Immunoglobulins						
<b>FILING FEE RECEIVED</b> 2836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		